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EUROPEAN OPHTHALMIC INSTITUTIONS. No. 1.

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MESSRS. EDITORS,—I have delayed complying with your request, to send you some account of the Ophthalmic Institutions of Europe, for the reason that I have been too busy with seeing, to find time for describing them. At last, however, I will endeavor to give you short sketches of what is going on in the different schools of this department of our Art—describing briefly what I have seen, rather than occupying much space with criticisms or comparisons of different ideas as to theory and treatment.

I must not omit to acknowledge, in the first place, the distinguished kindness which I have everywhere experienced; in the great facilities which have been afforded and the ready explanations made to me, even from those whose crowded amphitheatres and incessant duties might well excuse them from attentions to a stranger.

No city, and I may say scarcely a country of the continent, contains so large a number of gentlemen who are deservedly more or less distinguished in the treatment of diseases of the eye, as London. Besides the largest, the Royal London Ophthalmic Hospital, in what is called Moorfields, smaller Eye Hospitals exist in other sections of the city—and, in addition to these, special departments have been created in nearly all the great general hospitals, which are under the charge of most skilful men, some of whom are, while others are not, also attached to the exclusively ophthalmic institutions.

The majority of these gentlemen have been among the most prompt to adopt the improvements in treatment in which the past few years have been so fertile; especially those resulting from the invention of the ophthalmoscope, the application of iridectomy to the relief of glaucoma and other destructive internal affections of the eye, and the management of those disabilities of function resulting from defective power of accommodation of the organ to near or distant objects. In all these and yet other respects, they have closely followed the rapid advance of the great German authorities; and I could distinctly trace the advantages resulting from the inter-

VOL. LXVIII.—No. 26

national Congress, which had brought the oculists of different countries into intimate relations with each other.

A great advantage, for the student, lies in the fact that the hours for visits and operations differ at various institutions—so that he may, if he chooses, attend more than one on the same day. Furthermore, the number of students being less than in the clinics of some of the distinguished men of the continent, a better opportunity is afforded for examining the cases and seeing operations. At Moorfields Hospital, the hours are from 9 to 12 or even 1 o'clock; four surgeons, at least, being in attendance every day, and several hundred cases prescribed for. A large number of cases present themselves in which examinations with the ophthalmoscope are required, and a separate department of the rooms for out-patients is devoted to these investigations, and to those connected with disturbances of the refractive power of the eye. Operations are performed at 12, and the good judgment and skill displayed by some of the gentlemen compares well with that of the famous operators of Berlin and Vienna.

There is a great preponderance of those forms of inflammation of the eye depending on a strumous diathesis; while catarrhal inflammation, with the resulting changes of the conjunctiva, are proportionally more rare than with us in America or than in France or Italy. I cannot but think the atmospheric and hygienic conditions of London must have much influence in developing these forms of disease. They seem, at all events, to have their effect on the habits of the patients, the dingy appearance of whose dress and negligence of person exhibit a marked contrast to the same class who present themselves at the charitable consultations of Paris or Berlin. Vienna is an exception to the general continental rule—as a large number of the patients there are Polish Jews, who, I think, are scarcely to be surpassed in filthiness.

I was struck by the number of cases of hereditary syphilitic inflammation of the eye in children. In this respect London enjoys an eminence—for I have seen these cases rarely in Germany, Italy or France, among the same class of the population. The treatment combines the mildest mercurials with the freest use of tonics.

Most of their cases of iritis in adults, which were numerous, were regarded by the surgeons as of syphilitic origin—and, according to my own observation, the relative number of cases depending on a rheumatic diathesis, was certainly much less than at Paris or Vienna. Moderate use of alterative treatment was largely reinforced by tonics. Strumous affections of the cornea in children, accompanied by photophobia, were treated by local applications of solution of atropia; those of young adults by dusting the eye with finely powdered calomel; general tonic regimen being ordered in both cases.

As a rule, internal remedies are given to a greater extent than

on the continent, where local treatment is more exclusively relied on in the greater number of the diseases of the eye.

Besides continuing my descriptions, I hope to be able in another letter to send you an account of the experiments being made by Prof. Gräfe and others with the new remedy, the "Calabar bean," recently discovered at Edinburgh to be capable of acting on the eye in a contrary sense to belladonna. This long-sought-for acquisition seems to have been at last attained, and promises, I think, to be a most valuable addition to the means at our command for the relief of some disturbances of vision, for which glasses have seemed hitherto to be the only effectual resource. The quantity of the remedy to be obtained has been so small that its effects have been only partially observed; but its power of producing great contraction of the pupil is most clearly established.

HENRY W. WILLIAMS.

Berlin, Prussia, 25 June, 1863.

OSSIFICATION OF THE SPLEEN.

[Communicated for the Boston Medical and Surgical Journal.]

HAVING seen, in a recent number of the JOURNAL, a very interesting case of ossific deposit in the spleen, communicated by one of our army surgeons, with a request to hear from others on the same subject, I am induced to send the following.

In making a post-mortem examination, in a case of sudden death from apoplexy, the spleen was found to consist entirely of an osseous shell, with internal bony partitions. Its size was increased and figure changed. If you imagine a goose-egg with a small piece of spleen attached at one end, you will have a tolerably good idea of the specimen now before me.

The subject of this was a male, more than eighty years of age; he had been many years a British soldier, and served a long time in India. Several years previous to his death, I operated on him for strangulated hernia; he had a rapid recovery, and always seemed otherwise in good health.

Andral relates a case similar to the above.—(*Anat. Pathol.*, tom. ii., p. 433.) Others have seen the peritoneal covering of the spleen partially ossified.

JOHN BRANCH, M.D.

St. Albans, Vt., July 18, 1863.

CYCLOPEAN MONSTROSITY.

[Communicated for the Boston Medical and Surgical Journal.]

Mrs. C., in her first pregnancy, was taken, as she supposed, with labor pains on Monday, Sept. 30, 1850. Water began to discharge itself in the morning, soon after she was taken, and continued until the time of delivery, the Saturday following, about noon. She was

then delivered of a dead fœtus, intended for a male child (weight five pounds). She was near the end of the eighth month of her gestation. The child's head was seventeen inches in circumference, and eleven inches from ear to ear. When punctured, it discharged about $1\frac{1}{2}$ pint of water. The organs of generation were imperfect, only the glans penis being formed. The limbs, body, under-jaw and mouth were perfect. There was but one eye, and that at the natural place of junction of the ossa nasi and os frontis; it was large and open. Immediately above it, was an imperfect resemblance of a nose, with the nasal bones directly over the eye at the lower edge of the os frontis, pointing directly upwards as far as the nasal bones extended. The cartilage and soft part attached thereto were directed downwards, and measured $1\frac{1}{4}$ inch in length. At the end and in the centre of it, was a slight perforation, into which a probe could not be passed more than one sixteenth of an inch.

Both parents were large, well formed and healthy.

Littleton, N. H., June 29, 1863.

WM. BURNS, M.D.

NON-FORMATION OF CICATRIX IN RE-VACCINATION.

[Communicated for the Boston Medical and Surgical Journal.]

ON account of the prevalence of variola, I had occasion, during the past winter, to re-vaccinate a number of patients. In nine cases the vesicle ran through the regular stages; but in one only did I observe the characteristic circular scar. In referring to the medical works in my possession, I found it had escaped the attention of their respective authors; or, if aware of the fact, they considered it unimportant. I therefore mentioned the subject to an old practitioner, and was informed it was nothing new to him, he having observed the same years ago, and that not one in fifty would have the second "pock-mark."

Although this may be deemed an unimportant communication, still, when considered physiologically, it cannot, I am sure, be wholly devoid of interest.

AMOS SAWYER.

Hillsboro', Ill., April 25th, 1863.

ON THE IMMUNITY ENJOYED BY THE STOMACH FROM BEING DIGESTED BY ITS OWN SECRETION DURING LIFE.

BY FREDERICK W. PAVY, M.D.

THE author referred to the communication by John Hunter "On the Digestion of the Stomach after Death," published in the "Philosophical Transactions" for 1772. In this communication Hunter notices that in occasional instances, especially in persons who have died of sudden and violent deaths, the stomach is found on inspection to have undergone solution, to the extent of perforation, from

the action of its own secretion upon it. Hunter considered that this could only have taken place after death; and to account for why the same occurrence did not ensue during life, he adduced the living principle as constituting the protecting agent. The fact that parts of living animals, as shown by Claude Bernard of Paris, are susceptible of digestion when introduced through a fistulous opening into a digesting stomach, proved that Hunter's explanation does not stand the test of experiment. The author corroborated Bernard's results upon frogs, and referred to an experiment in which he had also obtained the digestion of the extremity of the ear of a living rabbit.

The view at present most generally entertained is, that the epithelial lining or mucus protects the stomach from undergoing digestion during life. This it is supposed is acted upon and dissolved, but being as constantly renewed, the stomach escapes injury. There being no longer the power of producing epithelium after death, accounts for the occurrence of the solution that may then be observed.

To test this view, the author removed a patch of mucous membrane about the size of a crown piece from the stomach of the dog. Food was afterwards digested without, however, the denuded stomach showing the slightest sign of attack. It thus appearing that the stomach resisted digestion notwithstanding the assumed protecting layer had been removed, it became evident that something besides the epithelial lining was required to account for the security enjoyed.

Seeing that the question was still open for explanation, the following was the view propounded by the author. The existence of acidity, it was first remarked, is an absolutely essential condition for the accomplishment of the act of digestion. During life the walls of the stomach are most freely permeated by a current of alkaline blood. Under such circumstances it would appear impossible that any digestive action could be effected. There would be one condition that would neutralize the other. Acidity is needful for digestion, and alkalinity is a constant character of the blood. As long, therefore, as so free a circulation of this alkaline fluid should be maintained (and this happens to be one of the necessary conditions of life), the stomach will be supplied with a source of protection competent to afford it the security from attack by its own secretion that it enjoys.

Digestion of the stomach may be effected after death, because the blood, being then stagnant, is incapable of offering the barrier produced by a circulating current.

Experiments were mentioned in which the circulation through the stomach had been arrested during life so as to imitate the condition, as far as the stomach was concerned, that exists after death. Although this was effected whilst the process of digestion was actively proceeding, yet it was only in some cases that the mucous membrane of the stomach was attacked. On repeating the experiment, how-

ever, having previously introduced a dilute non-corrosive acid (the phosphoric and citric were the acids employed) into the stomach, the result was solution and perforation in a short space of time.

The author had expected, when he commenced his experiments, to have obtained the same result upon arresting the circulation through the stomach as occurs after death; but it became evident to him on reflection that although the circulation through the stomach may be stopped by ligatures during life, yet the conditions are not thereby rendered completely identical with those prevailing after death. There is still a circulation all around the stomach, and from the facility with which the permeation of fluids takes place, a certain amount of counteractive influence would still be exerted. By the artificial introduction, however, of an acid into the cavity of the stomach before its vessels were ligatured, the surrounding circulation became inadequate to afford the required neutralizing power, and perforation therefore quickly resulted.

It did not appear to the author that the digestion of the living tissues of animals referred to in the first part of his paper formed any valid objection to his view. In the case of the frog's legs, he considered it might be fairly taken that the amount of blood possessed by the animal would be inadequate to furnish the required means of resistance. In the case of the rabbit's ear, the vascularity of the part being so much less than that of the walls of the stomach, he thought there was nothing unreasonable in conceiving that, whilst the one might receive protection through the circulating alkaline current, the other might be unable to resist attack. There was no comparison between the position of the stomach and that of the rabbit's ear, and the question, according to his view, resolved itself into degree of power possessed by the acidity of the contents of the stomach on the one hand, and the alkalinity of the circulating current on the other.

The author concluded by adducing experimental evidence to show that pepsine was contained in the walls of the stomachs of persons who had died from severe diseases, as well as in the normal fasting and digesting stomach.—*Proceedings of the Royal Society, Jan., 1863.*

Bibliographical Notices.

On Diseases of the Skin. By ERASMUS WILSON, F.R.S. Fifth American, from the fifth and revised London edition. With Plates and Illustrations on Wood. Pp. 694. Philadelphia: Blanchard & Lea. 1863.

It is now six years since the fourth edition of this work appeared, and we had confidently expected to find in the next one that Mr. Wilson might issue, such changes as the more advanced knowledge of general pathology and the recently published writings of such distinguished dermatologists as Hebra, Bazin, Hardy, Bärensprung and others might have suggested to a mind open to conviction. We were

much disappointed, therefore, to find that with the exception of the addition of the plates previously published in a separate form, and of a few trifling paragraphs in the body of the text, not amounting to a couple of pages, the present edition is a mere reprint of what the work has always been, namely, an exposition of the writer's individual views only, unchanged and unchangeable. It is unfortunate for our author that Willan once made an unscientific classification of skin diseases according to their external appearance, and also that the "humoral" theory of disease has been applied to the explanation of their pathology, for although his studies of the minute anatomy of the skin have taught him to modify the former to a certain extent, and his experience in the management of its affections has convinced him that the latter cannot be wholly correct in practice, these old, and, in the light of modern science, perfectly untenable theories still influence him so much, that they form to-day almost wholly the groundwork of his systems of classification, pathology and general therapeutics. We find, accordingly, that although he has divided cutaneous affections into two primary groups, namely, diseases affecting the general structure, and diseases affecting the special structure of the skin, still all the common and important diseases are arranged after the method of Willan, whom he affects to ridicule, under the following groups: exanthemata, papulæ, vesiculæ, pustulæ, bullæ and tubercula; and this, too, after confessing that erythema, lichen, eczema, impetigo and psoriasis not only occur in conjunction with, but are really convertible into each other. The folly of such an arrangement seems perfectly apparent to himself, for he states in his introductory portion that although the above diseases "are in their fully developed state strikingly dissimilar, yet in their pathological nature they may be and are essentially the same," as if it were not pathology alone which should guide us in the study and classification of disease. What would be thought of a modern writer who should attempt to arrange all pulmonary affections according to the varieties of cough they might exhibit in their different stages? To classify diseases of the skin, then, according to the form of eruption they may present, or even to group them upon the same plan, although their pathological unity be tacitly recognized, for the sake of rendering diagnosis easy or of conforming to ancient custom, is only perpetuating an error and a scientific impossibility. There is no such thing, generally speaking, as a papular disease, or a vesicular disease, or a pustular disease, *per se*. Nearly every affection, to which the skin is liable, may exhibit at some period of its course, or be characterized by, maculæ, papulæ, vesiculæ, pustulæ or squamæ. It may be said, on the other hand, that we should look for the so-called typical or earliest form of eruption; but with what propriety, for example, can eczema be classed among the vesiculæ even upon this plan? For not only does it exhibit every form of efflorescence to which we have alluded, but it is the exception to find vesicles in any case of this disease. Its earliest manifestation may be the formation of an erythema, a scale, a fissure, a papule, a vesicle or a pustule, or the same efflorescence may exhibit in the course of its progress nearly all the phases above mentioned. To prove this we have only to follow the method, advised by Prof. Hebra, of rubbing upon the healthy skin some irritant like croton oil, and thus produce an artificial eczema. This produces in some persons a redness, in some

well-formed vesicles, in some prominences or papules, and in others red points. Both the papules and vesicles are formed about the hair follicles, and are the result of their hyperamic and infiltrated condition. If we continue the experiment we shall find vesicles forming by degrees in every case. In those individuals who exhibited at first the papules only, the epidermal covering of the eruption becomes gradually thinner, and the exudation collected beneath shines through; or, in other words, the papules have become vesicles. If we push the use of our irritant still farther at this stage, the vesicles become more numerous, larger, run together, discharge their contents by bursting or scratching, and excoriated patches are formed, which are vivid, red and moist. In fact, we have immediately under our eye the rete mucosum, which allows the free discharge of the fluid blastema, now that the upper layers of the epidermis are removed. If we leave the process now to itself, this fluid will gradually stiffen by exposure to the air, and form a crust over the affected spots, beneath which the epidermal cells are again developed, and the skin, after remaining red for a while, is restored to its former condition. In cases where the papules and vesicles have not undergone this last stage of development, they disappear by the reabsorption of their contents, and the effete epidermis is thrown off in the form of scales. If, however, instead of leaving nature to set up her reparative process at this stage, we continue the application of the irritating substance, we see instead of the limpid and watery fluid, which was discharged from the excoriated surface, pus cells to form in the blastema, and soon we have before us a suppurating patch, which likewise dries up, and forms thick crusts or scabs. Here, then, we have arrived at the end of the process. We have seen artificially produced five different forms of eczema, viz.: squamosum, papulosum, vesiculare, rubrum, and impetiginosum, or, as writers describe them, Pityriasis rubra, Lichen, Eczema, and Impetigo.

We see, therefore, that this affection might quite as appropriately have been placed in several of the other groups of Wilson as among the vesiculæ, and it is only because a too narrow definition has been adopted that he has been obliged to call the same individual pathological process on one day Strophulus, on another Pityriasis, on another Lichen, on another Eczema, on another Psoriasis, and on another Impetigo. This, in fact, he is obliged to admit, for we find him first stating that the papules of lichen "are large and soft on the face, and also large and soft in infants, in whom they are called strophulus," then that "the difference between eczema and lichen is not one of cause, but of manifestation—the difference of manifestation being chiefly due to difference of temperament and sex. Eczema is more common in females than in males, in the sanguine and lymphatic than in the choleric and nervous temperaments. Eczema, moreover, is never present without lichen, and only becomes eczema when the vesicles are in excess over the papules. Eczema may also have a mingling of the pustules of impetigo, or the ichorous contents of its vesicles may become purulent; in either case, it ceases to be simple eczema, and is then eczema impetiginodes." Still farther on he adds, "Impetigo is, in fact, a pustular eczema, just as eczema is an ichorous lichen, and the latter a papulous erythema."

The chapters on general Pathology and Therapeutics are supplementary to each other, for Mr. Wilson is a strong humoralist, and his

treatment of skin diseases accordingly is chiefly constitutional. He says in his preface that "Humoralism was early adopted as an explanation of cutaneous diseases, and the practice which has been founded upon that theory has been most successful in the treatment of these diseases." Without intending to deny that many constitutional diseases may exhibit themselves in some manner by sympathetic cutaneous symptoms, we maintain that the skin in itself is a great and complex organ, and is as liable as the lungs, liver and kidneys to individual diseases, and moreover that the results of local treatment prove that it is a fallacy to believe that skin diseases are merely indications of some deeper seated malady or blood-change, requiring accordingly constitutional remedies. We believe that it is in rare instances only that the ordinary chronic affections of the skin stand in any relation to the general health that we can distinctly recognize. In this connection we would introduce an extract from the latter part of the preface of the volume before us, which, we feel sure, was written after the book itself had passed into the printer's hands:—

"That certain diseases obviously proceed from a local cause, and are in their essence local diseases, and independent of constitutional influence, is a truth which has been strongly impressed upon us by the celebrated dermatologist of Vienna, HEBRA. Many cutaneous diseases which in this country, and with our humoral tendencies, we should be led to treat by constitutional as well as by local means, Professor Hebra would treat by local means alone, and the great success of his treatment leads us to inquire at what point between the two extremes the truth lies concealed. I believe that our lesson will be best learned by devoting more attention than heretofore to local treatment; and not less to constitutional treatment. The great excellence of the treatment of disease in England depends upon the proper appreciation of its almost universal constitutional origin. During his late stay in London, Professor Hebra honored me with his presence in my consulting-room on several occasions, and has left on my mind an ineffaceable impression of his rapid and sound diagnosis, and his extraordinary tact in the local management of cutaneous diseases. He is too sound a physician to reject constitutional means; but he declares that they are much less needful than is believed by us, and that a very considerable number of diseases are local in their nature, and may be perfectly cured by local remedies."

In the chapter on erythematous eruptions, we notice descriptions of two affections: Erythema intertrigo and Erythema chronicum, which, we think, should more properly have been placed under the head of eczema, the former being in most instances a true inflammation of the skin produced by the combined action of maceration and friction, and accompanied by itching and infiltration, while of the latter he himself says: "This form of erythema is very commonly met with as a sequel of chronic lichen and chronic eczema; a chronic lichen, in fact, where-in the papulæ have subsided, or a chronic eczema in which the ichorous secretion has ceased to be formed, the redness, the thickening of the skin, and more or less of exfoliation of the epidermis remaining; in a word, the pathological state of the skin to which the term *psoriasis* has been applied, and to which it should be strictly limited." In connection with erythema, we cannot avoid alluding to the mistake, which is often made, of applying this term to affections of the skin,

which are marked by the most grave anatomical lesions and changes of structure, and by processes of ulceration and new-growth, merely from the fact that in the beginning the skin may have assumed for a time an erythematous appearance, which, as is well known, is often the first symptom of such fatal diseases as Pellagra and Elephantiasis.

We have, on another occasion, spoken of the mischievous custom of multiplying the varieties of any simple eruption according to the season of the year, its chance shape, or the part of the body upon which it appears, and we would again, in connection with the twelve distinct varieties of roseola laid down on page 145, refer to the effect which this unnecessary system of inventing names must have of rendering the study of cutaneous diseases complicated and difficult to the inexperienced student.

We next come to the lichenous or papulous eruption, in which we find included three affections, namely: Lichen, Strophulus and Prurigo. With the exception of Lichen exudativus ruber of Hebra, a very rare and fatal disease, it is doubtful if there is really any eruption of the skin which truly deserves this name, and which might not more appropriately be placed either under the head of Prurigo or Eczema. Of the six varieties mentioned, *L. simplex* and *L. circumscriptus* differ in no way, apparently, from Prurigo; *L. annulatus* is Herpes tonsurans; *L. urticatus* differs in no respect materially from Urticaria, and *L. agrius* is Eczema rubrum. Strophulus in all its varieties, as he admits, is merely the lichen of young children and infants, and should more properly be referred to eczema. Of his varieties of Prurigo, we should admit his *mitis* and *formicans* as mild and severe forms of that affection, but we can but think that the symptoms he describes as *P. senilis* and *P. pudendalis* are due simply to hyperæsthesia of the skin, and are not the anatomical lesion properly called prurigo. The local varieties, *P. podicis* and *P. scroti*, we think, too, are really eczema of those parts and not at all pruriginous in their nature.

Vesiculæ. Having already endeavored to demonstrate something of the true protean character of eczema, and pointed out many of its phases which have been regarded as distinct diseases, we have little more to add in relation to the author's views except with reference to the methods of treatment he employs against it. Regarding, as he does, eczema as a blood-disease, he considers the proper law of treatment to be, 1st, elimination; 2d, restoration of power; and 3d, alleviation of local distress. Accordingly we find him administering, even to infants, calomel in repeated doses, to prevent revulsion, he says, and to allay the mother's and nurse's alarm lest the disease should be *driven in*. Having attained this point of safety, which we had supposed existed only in the imagination of the female sex, he then considers the patient ready to receive his great specific, namely, arsenic, which "cures rapidly, perfectly and unfailingly." Now we maintain that in ninety-nine cases out of a hundred both the mercury and arsenic are entirely unnecessary, and therefore objectionable, and that every case will yield as rapidly to judicious local treatment alone. In Prof. Hebra's clinic in Vienna, where many hundreds of cases of eczema are treated every year, the treatment is wholly local, and certainly no one could be more successful than this eminent instructor in the management of this obstinate affection. But Mr. Wilson does not rely wholly upon his specific, for by his own account it seems he too uses local

remedies, in the form of zinc ointment, to "soothe and heal the eruption, to subdue the pruritus and to arrest the morbid discharge," or, in other words, to cure the patient. If such, then, be the result of its employment, what remains for the arsenic to accomplish?

Under *Pustulæ* we find two affections described, *Impetigo* and *Erythema*, which, we are satisfied, if they have any real existence, are of very rare occurrence. We have seen that we may produce a pustular affection at will; and in the great majority of cases the term *Impetigo* is improperly applied to an advanced stage of eczema, and this may always be stated in regard to *I. capitis*, the crusts of which, stained yellow by the abnormal sebaceous secretion, are often considered to be wholly composed of purulent matter. In certain conditions of the economy, moreover, an exudative efflorescence runs through the various phases of its existence with great rapidity, and hence the eruption is said to be pustular from the first. We do not mean to deny the existence of an idiopathic pustular eruption, but maintain that it is rare, and that *Impetigo* and *Ecthyma* are names applied to appearances which are often the result or sequelæ of merely mechanical irritation of the skin, and are produced by, and consequently are a part of, other diseases.

Passing by his chapter on diseases arising from general causes, to several points connected with which we should like to allude, if our space allowed, we come to *Scabies*, in the description of which we think he has not kept sufficiently distinct the primary appearances produced by the *sarcoptes* upon the skin and the secondary eruption subsequently induced simply by the itching, which the presence of the animal provokes. We have never seen the scaliness which he describes as the first symptom of the affection, nor do we consider a vesicle as in any way necessarily an indication of the lurking place of the parasite. No reference is made either to the habits of the males and young of the animal, although they play quite as important a rôle in this disease as the female. When once impregnated, the latter begins to bore transversely downwards through the epidermis until the freshly formed and succulent cells are reached, after which the burrow is pushed horizontally at that depth, and generally in a straight line. Each day an egg is laid and left behind her in this vaulted canal, until at the end of two weeks the embryo contained within that first deposited emerges, and, leaving behind the ruptured shell, crawls out upon the surface to begin life by itself. Each day accordingly an addition is made to the young stock, which, as well as the adult males, do not dig any long burrows, but shallow pits only for nourishment, and ramble at large over the skin, carrying their depredations and the disease over all parts of the body, and causing nearly all the itching to which the subsequent eruption is due. The old female never leaves her hole, and sometimes forms a burrow several inches in length. This has the appearance, externally, of a slightly elevated white line, which may be rendered much more prominent by rubbing either with a strong alkali, which raises it still higher by the infiltration it produces within it, or by applying ink to the suspected part, which may be subsequently washed away, leaving the track of the animal of a dark color. We see, therefore, why it is that in some cases a person exposed to the disease may not exhibit any other symptom than a solitary unnoticed burrow for a fortnight, when the young begin to make their appearance upon the surface

whereas in other cases the transference of the affection may be accomplished by several young or males, which begin their provoking rambles at once, and cause an immediate eruption. It is this circumstance, principally, which determines the so-called period of incubation, and not, as Mr. Wilson says, the particular temperament, climate, season, youth, confined air, &c. ; nor can we understand why it is that he should make the extraordinary statement that "one of the most remarkable phenomena of scabies is the localization of the *acarus* to the hands, while the eruption excited by it may be spread more or less extensively over the entire body." This is quite as far from the truth as many of his statements in regard to *vegetable* parasitic affections. It is true that among the favorite lurking-places of the animals are the folds of the skin between the fingers, for there they find the conditions of warmth and moisture they prefer, but they also affect by choice as well the penis, folds of the axillæ and buttocks. Indeed, were we seeking for a specimen for the microscope, we should search any of the latter regions rather than the hands, where its movements are interfered with, and we have in our possession two long burrows filled with ova and fecal matter, and containing the female which we saw Prof. Hebra snip with a pair of curved scissors from the tender skin of the penis and axilla. As to the treatment of scabies, we cannot certainly agree with our author that its cure may be effected in the shortest possible time by simple sulphur ointment; nor do we consider three weeks necessary to eradicate the disease, for, on the contrary, three days are generally time enough for the cure of the worst case. We do not mean to say that the excoriations, eczema and pustules produced by a long-continued scabies can be made to disappear in so short a time, but that the exciting cause may be put to rest, and subsequently the secondary eruptions will disappear without treatment, or under simple cold water.

In connection with the subject of ambustio, or burns, we find an account of Prof. Hebra's method of treatment by the perpetual warm bath, which prevents the formation of the cicatricial tissue which produces such frightful deformities. The same wonderful results may also be obtained by the repeated applications of nitrate of silver to the parts while healing, as we have had opportunity of witnessing in his wards.

In the same chapter with eczema we find a disease described under the name of Psoriasis, which is nothing but one of the most frequent chronic forms of the former affection. If, on the other hand, we look for the disease which commonly bears the name of psoriasis, we find it under the title of lepra or leprosy. It is unnecessary now to inquire into the cause of this improper application of terms, for Mr. W. has lately fallen under the powerful personal influence of one whose endeavor has always been to simplify both the classification and therapeutics of skin disease, and he has seen the error of his former opinion. In the preface, which has been before alluded to as having probably been written after the printing of the present edition, we find the following in relation to this subject, which is entirely at variance with the opinions expressed in the book itself, but which will prove a more important emendation to the next edition than any of the trifling new paragraphs in the present one. "Those who have honored me by perusing my writings and following my inquiries, may have noted the

difficulty which I have experienced in dealing with the word 'psoriasis.' To clear away, therefore, the confusion occasioned by the mis-use of this term, I recommended its abolition, or, at the least, its application solely to the chronic eczema above noted. But it may very properly be asked, Why call eczema by any other name than its own? I can only answer, that I have done so heretofore in deference to authority, and to a widely-spread custom. Perhaps the moment has come, and I hope it has, when a better, and possibly the proper use of the term, may be recognized.

"To return to Hebra. The term *Lepra—der Aussatz* in German—signifies the eruption, the great eruption. It is synonymous with Leprosy, the leprosy, the ancient leprosy, that which has since been called elephantiasis. Therefore, let us bestow the term *lepra* where it rightfully belongs, or reject it altogether. The trivial affection which we at present call *lepra* has no single point of comparison with leprosy. We cannot but admit the truth of this argument, and we cannot, also, but recognize in an instant the monstrous absurdity of calling a comparatively insignificant disease by so portentous a name.

"Now, Hebra cuts the Gordian knot. Eczema he calls eczema; *lepra*, *lepra*; and that very common affection which we at present term *lepra*, he calls psoriasis. The change is simple, the reasons for it important. We cannot do better than adopt it. Moreover, it suits the spirit of the British bull-dog to call things by their proper names, and we are too noble in our nature not to recognize and value the intellect of our foreign brethren. The great International Exhibition of 1862 will not have existed in vain, if it have accomplished no more than to enable us to give the proper name to a very common and troublesome disease."

As to the causes of this disease our author says that he has stated his belief that the leprous poison is in its essence and origin syphilitic, modified by transmission through several generations. For this belief he offers not the shadow of a proof, which might not as well be applied to every affection to which our flesh is heir. Its causes are, and probably will ever remain, unknown, but guessing is not a scientific way of investigating them. As to treatment he says:—"local treatment for the cure of *lepra* is useless, and not to be regarded as curative but simply palliative;" and in another place, "as a specific in *lepra* there is but one reliable remedy, and that remedy is arsenic." Further on he states that "arsenic will cure *lepra* with certainty; but neither arsenic nor any other known medicine will prevent it from returning again; sometimes, after a thorough dispersion by arsenic, the eruption never re-appears, but more frequently it recurs the following year, or after the lapse of several years."

We agree entirely with Mr. Wilson that no remedy will cure psoriasis, but we insist upon it that local treatment will drive it away far more rapidly than arsenic, and that the "cure" is as much a "certainty," for the disappearance is just as permanent in the one case as in the other, the advantage being in favor of the local method, inasmuch as it is far more speedy.

What has been said with regard to the origin of psoriasis will apply quite as well to the author's opinion in relation to the cause of Lupus, the powerful logic of whose deductions may be judged by the following extract:—"The commonly recognized source of lupus is scrofula;

and then we may ask, What is scrofula? Now, scrofula, if not in all cases, certainly in some, takes its origin in syphilis. Therefore, lupus, or scrofulous lupus, may be considered as an appendage of syphilis, more or less direct." We find three varieties in this volume, two of which, *Lupus non exedens* and *L. exedens*, are one and the same affection, whereas *L. erythematosus* is a purely local disease, and has nothing whatever in common with *L. vulgaris* except its seat and its misapplied name. Instead of being a frightful omen and "defying treatment," it yields at once to the application of concentrated iod-glycerin. In the treatment of true lupus the author says nothing of a remedy which has proved a specific in the hands of Prof. Hebra, namely, the solid nitrate of silver, for a description of the use of which, we would refer the reader to Vol. lxii. p. 457 of this JOURNAL.

Leaving entirely unnoticed the chapter on syphilitic diseases of the skin and the eruptive fevers, we must pass to the consideration of some of the so-called affections of the special structure of the skin. Under the title *Chloasma*, Mr. Wilson has confounded two entirely distinct diseases, which have nothing in common but a faint resemblance in color, namely, true *chloasma*, which is an abnormal deposition of pigment in the *rete mucosum*, and *pityriasis versicolor*, an affection produced by the growth of a cryptogamous plant in the epidermis. But we have not the space at this time to notice the false views of our author in relation to the diseases of the skin and hair, produced by the presence of parasitic plants. The whole of that portion of his book which treats of Ringworm or *Herpes tonsurans*, of *Sycosis*, of *Favus* and of *Porrigio decalvans*, we have no hesitation in saying, is entirely unworthy of perusal. It is thoroughly unscientific, contains much which is false, and is throughout an absurd attempt to sustain himself by weak arguments against fact. The ablest dermatologists as well as distinguished botanists recognize the cryptogamic element of the diseases abovementioned, and their contagiousness is beyond question.

It may be thought that inasmuch as we have found so much to criticize in the present volume, we would take from it all merit whatever, but such is not the case. It is because the work is so generally regarded in this country as the highest authority upon skin diseases, that we have felt called upon to contrast so many of the author's peculiar opinions with the experience and observations of others who are not so well known to our readers.

J. C. W.

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON: THURSDAY, JULY 30, 1863.

MEDICAL EXAMINATION OF DRAFTED MEN.—We observe that some of the newspapers are disposed to speak sneeringly of the exemption by the medical examiners of large numbers of the men who have been drafted for military service. The same sort of remark is not uncommon in the community, and ironical expressions concerning the general ill health of the people where no evidence of it had before ap-

peared, are heard quite frequently. Some regard this state of things as evidence of pusillanimity on the part of the drafted, and this is specially dwelt upon by the enemies of the government, when the exempted man happens to be one whose sympathies are wholly enlisted in the cause of the country. Now this feeling and these expressions are all wrong. It is too much to expect from a certain class in this community, happily a very small one, anything like magnanimity or justice in their language when they speak of the war in which we are engaged. Judging them by their words, nothing would please them more than to have every one of the supporters of the government throw himself in the way of the armed host of the rebellion, no matter how helpless or unfit for resistance, to be trampled under foot, as punishment for his opinions and sympathies. In their view, no man has a right to utter a word for the cause of the North who is not able on the spot to take up arms and join the forces of its defenders. To such we do not speak, for it is a mere waste of breath. But to those who honestly suppose that exemption is too readily granted for the most trifling causes, we would say that they are greatly mistaken. Taking for granted the honesty of the examiners, we regard this free exemption as evidence that the examination is more rigid than it has heretofore been in the case of recruits, and therefore promises much better for the public service. The army has been encumbered from the first with enlisted men who have been a mere dead weight and clog upon its movements, solely for the reason that they were physically unfit and should never have been there. A willing spirit may make a weak man strong for a short effort or sudden emergency, but will not sustain him through the tremendous exactions of an arduous campaign in the field. The evidence of the Surgeon-General, in his admirable work on *Military Hygiene*, is very strong on this point. He says, it "becomes a matter of primary importance to require the most rigid supervision of those who present themselves for enlistment, or *who may be drafted*, into the army," &c., and he then proceeds to point out in detail the disqualifications which should lead to the rejection of the recruit, setting up a much more exacting standard than that which has been given to the examining board for their guidance.

It should be remembered that many bodily infirmities of a highly disqualifying character are such as from the very nature of the case cannot be known to the world at large. Severe hæmorrhoids, varicocele, hernia, varicose veins, prolapsus ani, and many others, are generally known only to the individual himself or the immediate circle of his friends. Many men of quiet and sedentary occupations have chosen them for the very reason that they are afflicted with some bodily infirmity, and it is a cruel injustice to such to charge them with a disposition to magnify a complaint which does not interfere with their usual avocations, because it does entirely disqualify them for the violent efforts and great fatigues of a soldier's life.

Neither is it proper to infer, from the large number of exemptions thus far on account of physical disability, that the same ratio will continue among the drafted men. It is natural that those having, as they suppose, a valid claim for exemption on this account, should present themselves early before the examiners, in order to have the business settled at once, or in case they pass the examination that they may have time to procure a substitute, should they wish to do so, or to

raise the sum required in commutation. The number thus far rejected for bodily infirmity should not be taken as a fair index of the general physical condition of the male population.

PLEURO-PNEUMONIA IN CATTLE, AND SWILL MILK.—Our readers will remember the great outcry several years since in that usually quiet and amiable commercial metropolis of ours, New York, on the subject of "swill milk." It was the absorbing topic of the day. An illustrated paper was full of the most startling representations of the wretched creatures from which the lacteal supply of a large part of the population was drawn, and unmeasured was the public indignation at their owners, who fed them, as was alleged, on the offal of the distilleries. City ordinances of the most stringent character were passed, prohibiting the use of such food; and quite recently we saw in one of the daily newspapers an account of the prosecution of three offenders, who were only released from the penalties of the law on the plea of ignorance. It now appears that the cows supposed to be sickened by their diet were really suffering from pleuro-pneumonia. In the report of the Cattle Commissioners of this State, contained in the Tenth Annual Report of the Secretary of the Board of Agriculture, we find the following passage:—

"From Philadelphia the commissioners proceeded to Brooklyn, New York, to visit the herds said to be infected with a milk-disease similar in its character to the pleuro-pneumonia of Massachusetts. They went directly to Skillman Street, to the place described by Frank Leslie in his illustrated paper. Near the cattle-sheds were several cows apparently dying from disease, whose symptoms did not differ from those of cattle infected with pleuro-pneumonia. Leslie's description had impressed us with the idea that the cows in these places had been fed with offal collected from the city, and that in consequence, and by reason of bad ventilation, the disease had been there generated. This opinion seems to have been endorsed by the surgeons who had visited those places. They had entirely misrepresented the state of the case. By the kindness and favor of Messrs. Wilson and Fletcher, distillers, we were permitted to examine the cattle of various milk dairies. Mr. Fletcher, who, by the way, is a Massachusetts man and every inch a gentleman, conducted us through the cattle-sheds and explained to us the mode of feeding. The 'swill,' about which so much is said, proves to be nothing more or less than the distillery grains, so highly prized in this region for feeding cattle. In addition to these, more hay of the very best quality is fed out than is generally fed by the farmers of Massachusetts.

"It was evident to us that no disease was there generated. Mr. Fletcher kindly procured for us a sick cow, which was killed and examined, and proved to be affected with the genuine, infectious pleuro-pneumonia. One man had lost his whole herd of forty by the disease. Whence did it come? The information was voluntarily proffered. It was brought over by a cow in a ship from England about the year 1850. This cow was taken on board to supply milk, and after the arrival of the ship, was sold to a dairyman near the South Ferry, in Brooklyn. This cow had the veritable pleuro-pneumonia, which she disseminated, and which previously had never been known there. The disease spread with great rapidity, annually taking off more than fif-

teen per cent. of the cattle. The practice of inoculation was resorted to, but without beneficial results. The value of the milk business in that section is nearly destroyed. The cattle that do not die are fattened and killed for beef, which confines the disease, happily, to that region."

We will add that we are informed, on reliable authority, that the largest part of the milk consumed in the city of London is drawn from cows kept within the city limits and fed on distillers' grains, and that the milk is remarkable for its excellence.

SUPERIOR HEIGHT OF AMERICAN SOLDIERS.—The great height of American soldiers is shown by the following table, in which the results are given for eighteen hundred men (one hundred from each State), taken in the order in which they were entered in the Adjutant General's office. The table is quoted from the *Medical Statistics of the United States Army from 1839 to 1856*.

State.	Mean Height.	Six Feet and over.	Greatest Height.	
	Feet.		Feet.	Inches.
Indiana	5.7604	18	6	4½
Kentucky	5.7729	18	6	3½
Ohio	5.7537	15	6	3½
Tennessee	5.7779	18	6	3
Maine	5.7314	11	6	2
Vermont and New Hampshire . .	5.6951	6	6	1
Massachusetts and Connecticut .	5.6821	5	6	3
North Carolina	5.7814	24	6	3½
Georgia	5.8272	30	6	6½
South Carolina	5.7729	15	6	4½
Alabama	5.7647	17	6	4
Virginia	5.7488	15	6	2
New York	5.6 05	4	6	1½
Pennsylvania	5.6756	5	6	1
New Jersey and Delaware . . .	5.6509	6	6	1
Maryland	5.7130	9	6	2
Illinois	5.7696	17	6	3
Missouri	5.7162	8	6	1½

The great stature of the American, when compared with that of the English and French Soldiers, is made sufficiently apparent from the foregoing table. Of one thousand men in the British army there were but sixty-five of six feet and over, and in the French Army but four, while of eighteen hundred recruits for the United States Army, two hundred and forty-one were six feet and over in height, or somewhat more than one hundred and thirty-three per one thousand. At the time the materials for this table were collected, no recruit under five feet five inches was accepted.—*Hammond's Military Hygiene*.

THE HYPOPHOSPHITES IN PHTHISIS.—Dr. Frederic D. Lente, Surgeon to the West Point (N. Y.) Foundry, publishes in the *American Medical Times* the result of some experiments made by himself with the hypophosphites in the treatment of phthisis. The hypophosphite of lime was manufactured expressly for him by E. N. Kent and Mr. Chilton of New York, and tried on a variety of cases in different stages of the disease, being given in five-grain doses three times a day. The effect was negative. The common solution of the hypophosphites, sold over the country,

was afterwards tried, with the same result. To test the matter more thoroughly, Dr. Edward R. Squibb was requested to manufacture a pure article of the hypophosphite of potassa, for further experiments. This was done, Dr. S. taking special pains in preparing and putting it up. This was used at first, three grains in milk, three times a day, at meals, and afterwards increased to five grains. The result is thus stated by Dr. L. :—"In a great majority of the cases no effect was produced by the remedy ; in some a moderate improvement seemed to follow its use ; but in most of the cases other remedies had produced better effects, or did produce better after being substituted for this. In a very few cases it seemed really to be efficacious where other remedies had failed. But in no instance did I observe those marked, prompt and positive effects ascribed to it by its inventor, Dr. Churchill."

REMARKABLE ARREST OF CANCEROUS DISEASE BY OPERATION.—At a late meeting of the New York Pathological Society, Dr. Conant referred to a remarkable instance of arrest of cancerous disease by operation which had occurred twenty years ago in the practice of Dr. Mussey. The disease first made its appearance in the thumb, and that member was amputated ; recurring in the stump, the hand was amputated ; and continuing to return, the fore-arm, arm and shoulder were successively removed ; and last of all it was found necessary by Dr. Crosby, who then had charge of the case, to remove the scapula and clavicle. The disease never returned after this last operation, and the subject of this series of operations is now perfectly well.

VINEYARDS IN CALIFORNIA.—We learn from the report of a committee appointed by the Assembly of California on the petition of the wine-growers of that State, that the number of grape-vines set in vineyards in that State, according to the reports of the County Assessors, as compiled in the Surveyor-General's report for 1862, is 10,592,688. The following principal wine counties have the number of vines set down against them respectively :—

Los Angeles	2,570,000	Amador	311,000
Sonoma	1,701,561	Calaveras	300,000
El Dorado	772,547	San Joaquin	300,000
Yuba	650,450	Yolo	234,430
Santa Clara	600,000	Tulare	225,000
Napa	540,000	Tuolumne	197,300
San Bernardino	500,000	Contra Costa	184,200
Sacramento	412,000	Placer	135,532
Solano	400,000	Santa Barbara	115,000

The rate of increase in the number and size of vineyards is large. All the vines of the State did not number 1,000,000 seven years ago. Los Angeles, which has three times as many vines surviving from the time of the Mexican domain as all the other counties together, had 592,000 bearing vines, and 134,000 young vines in 1856, according to the County Assessor's report for that year. The annual increase in the State has been about 1,500,000 since then ; and though less hereafter, it will still be large.

The amount of wine made in 1861 is reported, very incorrectly, by

the County Assessors as amounting to 343,000 gallons. The amount made in 1862 was about 700,000 gallons. The amount made in all the other States of the Union in 1859, according to the United States census, was 1,350,000 gallons.—*Hunt's Merchants' Magazine*.

THE ORDEAL BEAN OF CALABAR.—The following notice by Mr. W. B. Tegetmeier appears in the *Intellectual Observer* of the present month:—

"At the conversazione held at University College on the 10th of June, Professor Harley exhibited specimens of the bean employed by the King of Calabar as a poisonous ordeal to determine the guilt or innocence of accused persons.

"The plant yielding this bean is kept secret from the natives generally, and the seeds are consequently to be obtained only with great difficulty. The name that has been given to the plant is *Physostigma venenosum*, or Calabar ordeal bean. It belongs to the Leguminous tribe, having distinct papilionaceous flowers, succeeded by pods about six inches in length, each containing about four or five seeds, having white cotyledons, resembling in taste the seeds of the common haricot, *Phaseolus vulgaris*. The leaves are ternate.

"Taken internally, the beans, unless rejected by vomiting, produce fatal paralysis. In some experiments made in this country, it has been found that twelve grains have produced partial paralysis, threatening to be serious in its results. In the course of investigation into its properties, it has been ascertained that the extract of the bean possesses a most extraordinary power over the iris, a few minims of its solution dropped into the eye causing contraction of the pupil to such an extent that the aperture becomes entirely obliterated, and the eye possesses the appearance of having an imperforate iris. In order to demonstrate this action more fully, and to contrast it with the opposite effect of a solution of belladonna, a cat was exhibited, to one eye of which belladonna had been applied several days previously, causing dilatation of the pupil to such an extent that the iris was scarcely visible; to the other eye a solution of the ordeal bean had been applied, which caused obliteration of the pupil. The contrast between the two eyes of the animal was of the most marked character, and imparted a strange weird expression to the face. In the course of the evening the pupil dilated somewhat—the effect of the *Physostigma* passing away gradually in the course of about twenty-four hours, whereas that of the belladonna persists for many days. Specimens of the plant have been raised in this country from the imported seeds."—*London Chemist and Druggist*.

PROFESSORIAL CHANGES IN BERKSHIRE AND BOWDOIN.—Prof. P. C. Chadbourne, of Williams College, has accepted an appointment to the Chair of Chemistry and Natural History in Berkshire Medical College. He holds a similar position in Bowdoin College, Me.—Dr. C. L. Ford, Prof. of Anatomy in the Berkshire School, and of Anatomy and Physiology in the University of Michigan, has accepted an appointment to the Chair of Anatomy and Physiology in the Medical Department of Bowdoin Medical School, rendered vacant by the resignation of Prof. Conant. Both of these gentlemen carry to their new fields of labor the well-earned reputation of ripe scholars, thorough, brilliant teachers, and Christian gentlemen.

OUR readers will be pleased to see in this week's JOURNAL a letter on European Ophthalmic Institutions, from Dr. Henry W. Williams, of this city. The familiarity of Dr. Williams with diseases of the eye, and his distinguished skill in treating them, cannot fail to make his letters interesting and profitable.

APPOINTMENTS, &c.—Dr. C. Everett Dow, late of Princeton, Me., has received an appointment as Post Surgeon at Philadelphia. Dr. D. has gained an honored reputation in the medical profession, and is well worthy of the position which he now holds.

The Commissioner of Pensions has appointed Dr. Samuel P. Danforth, of Royalton, Vt., to make examinations of invalid pensioners, and of applicants for such pensions.

Surgeon James Holland, 1st Mass. Cavalry, has been honorably discharged from the service on account of physical disability.

A new Association has been recently formed in Philadelphia, with the title of the Odontographic Society of Pennsylvania.

The first Semi-annual Meeting of the Dental Society of Western New York was held in Rochester on Tuesday, May 5th, 1863.

The first regular meeting of the Central New York Dental Association was held in Auburn, May 12th, 1863.

The Fifteenth Annual Session of the Medical Society of the State of Pennsylvania was lately held in the Lecture Room of the University of Pennsylvania. Dr. Wilson Jewell was chosen President for the ensuing year.

VITAL STATISTICS OF BOSTON.

FOR THE WEEK ENDING SATURDAY, JULY 25th, 1863.

DEATHS.

	Males.	Females.	Total.
Deaths during the week	50	37	87
Ave. mortality of corresponding weeks for ten years, 1853—1863,	43.9	37.7	81.6
Average corrected to increased population	00	00	89.91
Death of persons above 90	0	0	0

Mortality from Prevailing Diseases.

Phthisis.	Croup.	Scar. Fev.	Pneumon.	Variola.	Dysentery.	Typ. Fever.	Chol. Infan.
13	4	1	1	0	4	2	17

DIED.—At Waitsfield, Vt., June 29th, of diphtheria, Emery G. Judkins, M.D., aged 33 years.—In New York, Dr. John Watson, aged 56—well known as a successful practitioner, a popular lecturer and voluminous writer.—In Montreal, Dr. Wolfred Nelson—long known in Canada as a thoroughly educated and distinguished physician. Dr. N. was among the exiles to Bermuda, between twenty and thirty years ago, on account of participating in the rebellion of that period, but has since enjoyed all his former popularity—having been repeatedly re-elected to Parliament, and twice chosen Mayor of the city.

DEATHS IN BOSTON for the week ending Saturday noon, July 25th, 87. Males, 50—Females, 37.—Abscess, 1—accident, 3—disease of the brain, 3—bronchitis, 1—cancer, 1—cholera infantum, 17—cholera morbus, 1—consumption, 13—convulsions, 2—croup, 4—diarrhoea, 3—diphtheria, 2—dropsy, 1—dropsy of the brain, 3—dysentery, 4—scarlet fever, 1—ship fever, 1—typhoid fever, 2—gastritis, 1—homicide, 1—insanity, 1—intemperance, 2—jaundice, 1—disease of the liver, 1—inflammation of the lungs, 1—marasmus, 3—old age, 2—puerperal disease, 2—scrofula, 1—shot (in the riot), 1—sore throat, 1—disease of the spine, 1—wounded in battle, 1—unknown, 3.

Under 5 years of age, 40—between 5 and 20 years, 10—between 20 and 40 years, 19—between 40 and 60 years, 12—above 60 years, 6. Born in the United States, 58—Ireland, 22—other places, 7.

